



Bradford County
Building, Zoning & Planning
945-F North Temple Ave.
Starke, FL 32091
Phone: 904-966-6223
Fax: 904-966-6220



MOBILE HOME PERMIT INFORMATION

1. You **MUST PROVIDE** a parcel number (this number identifies the property in which the Mobile home will be placed.) This can be found on your tax bill or the Property Appraisers website.
2. **The Zoning Department** will issue the zoning certification and Flood Zone Designation Map (\$25 each) on the property.
3. If not connected to municipal water and sewer, a septic tank permit must be obtained from the **Bradford Ctny Environmental Health Department, (904)-964-7732**. The Health Department **MUST** initial by "Septic Number" on application form before permit will be issued.
4. If you are not the property owner, then you must have a notarized letter of authorization from the property owner authorizing you to place the mobile home on their property. (see attached affidavit.)
5. Road Department **MUST** initial by "Culvert Number" on application form before permit will be issued. **Road Dept: (904) 966-6243**.
6. **DOCUMENTS REQUIRED IN ORDER TO BE ISSUED A MOVE-ON PERMIT:**
 - **Completed Mobile Home Application.**
 - **Completed Mobile home affidavit & installation worksheet. Including blocking diagram**
 - **Survey showing flood zone verification and site plan-showing setbacks from property line.**
 - **Warranty deed.**
 - **Must have a 911/site address at time of permitting (Address must be posted with 4in. #'s that contrast from their background. 911/Site Addressing (904)-966-6179**
 - **The permit fee is \$150.00 (Singlewide) \$250.00 (Doublewide)\$100.00 fee for each section thereafter.**
 - **If in a Flood Zone A or AE, a Floodplain Development Permit Application will need to be submitted with construction application.**
 - **A complete packet must be submitted for review by Bradford County prior to issuance of permit.**
6. For new electrical service, or transfer of electrical service you must submit an application to your POWER SERVICE PROVIDER: **FPL: 1-800-462-0561** **CLAY ELECTRIC: 352-473-8000 EXT 356**
7. **Installer's decal must be on home at time of inspection and step(s) with handrails at all doors.**

THERE WILL BE 1 FINAL INSPECTION; IF CERTIFICATE OF OCCUPANCY IS REQUIRED, THERE WILL NEED TO BE A SKIRTING INSPECTION. ALL MOBILE HOMES SHOULD BE SKIRTED.



PERMIT APPLICATION BRADFORD COUNTY, FLORIDA

PERMIT # _____

PERMIT TYPE: (circle appropriate)

PARCEL# _____

Electrical/ Mechanical/ Plumbing/ Building/ Pool/ Sign/ Roof

Other _____

PROPERTY OWNER _____

Contractor Name: _____

MAILING ADDRESS: _____

Business name _____

Contractor Phone: _____

PHONE #: _____

Cell: _____ **Admin Review: Y/N**

Cell: _____

911/SITE ADDRESS: _____

Septic #:(see Health Dept) _____

Culvert #:(See Road Dept) _____

Total Sq Ft. _____ Est Cost: _____ Power Company: _____

Description of Work: _____

Direction to Job(if new construction) _____

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, wells, pools, furnaces, boilers, heaters, tanks, and air cond. etc

Owners/Builders Affidavit: *I certify that all the foregoing information is accurate and true, and that all work will be done in compliance with all applicable laws regulating construction, contractor licensing and zoning. I am responsible for the supervision and completion of the construction.*

Printed Name: _____ Date: _____

Owner/Builder Sig: _____

Sworn to and subscribed before me this _____ day of _____ 20____

Personally known or Produced ID, type of ID _____

Notary Signature _____ Date: _____



OFFICE USE ONLY PLANNING/ZONING INFORMATION

Parcel #: _____ Land Use/Zoning Classification: _____

Minimum Lot Size: _____ Lot Width: _____ Set Backs: Front _____

Side: _____ Rear: _____

FEMA Flood Zone: _____ BFE: _____

Zoning Comments: _____

Reviewed By: _____ Date: _____



ADMINISTRATIVE REVIEW CHECK LIST

NA (Not Applicable) P (Provided) WP (Will Provide) TBD (To Be Determined)

___ Application Complete ___ Notice of Comm. ___ Owner/ Builder Affidavit
___ Eng. drawings of truss details x2 (seal) ___ Wind Load Calcu.x2 ___ Licensed Contractor
___ Energy Forms & EPA Disp. Cards ___ Survey with flood zone & site plan
___ Sub-Contractor(s) & Notarized ___ Product App. Form ___ Power of Attorney
___ 911 address ___ Plans 2-3 sets (raised seal/stamp of Arch. or Eng)
___ DCA Letter of Manufacture ___ Warranty Deed ___ Floodplain permit (if in A/AE)

Building Official Plan Review Information

Items Missing or Not Correct: _____

Fees

\$_____ Fire Inspection	\$_____ Mechanical	TOTAL:_____
\$_____ Solid Waste	\$_____ Plumbing	Paid By:_____
\$_____ Zoning	\$_____ Building	Check/Cash/CC: Check # _____
\$_____ Flood	\$_____ Extra Copies	Date:_____
\$_____ Electrical	\$_____ Other	Received By:_____

MOBILE HOME INSTALLER AFFIDAVIT

As per Florida Statutes Section 320.8249 Mobile Home Installers License:

Any person who engages in Mobile Home installation shall obtain a Mobile Home installer's license from the bureau of Mobile Home and Recreational Vehicle Construction of the Department of Highway Safety and Motor Vehicles pursuant to this section. Said license shall be renewed annually, and each Licensee shall pay a fee of \$150.

I _____, license number _____
Please Print Name

I do hereby state that the installation of the manufactured home located at _____
911 Address

_____ will be done under my supervision.

Signature: _____ Phone #: _____

Sworn to and subscribed before me this _____ day of _____ A.D. 20 _____

Notary

ELECTRICAL CONTRACTOR AFFIDAVIT

All Electrical Contractors must have current license and Insurance with this office prior to issuance of permit.

Company Name: _____

Contract Value: _____

Signature: _____ Phone #: _____

Sworn to and subscribed before me this _____ day of _____ A.D. 20 _____

Notary

**INSTRUCTIONS: FILL OUT THIS FORM WHEN A MOBILE HOME IS BEING PLACED
ON PROPERTY NOT OWNED BY THE MOBILE HOME OWNER, I.E., RENTAL
PROPERTY.**

TO: **BRADFORD COUNTY BUILDING DEPARTMENT**

DATE:

I, _____ do hereby authorize
(Property Owner's Name)

_____ to place the herein described mobile home on my property.
(Occupant's Name)

Parcel Number: _____ Sec. _____, Tsp. _____, Rng.

Description of Mobile Home: Make: _____ Model:

Year: _____ Size: _____ Serial Number: _____

**I UNDERSTAND THAT I, AS PROPERTY OWNER, WILL BE HELD RESPONSIBLE FOR ANY INFRACTION
TO THE BRADFORD COUNTY LAND DEVELOPMENT REGULATIONS AS MAY OCCUR AS A RESULT OF
THIS MOBILE HOME BEING PLACED ON MY PROPERTY.**

Property Owner's Signature

**STATE OF FLORIDA
COUNTY OF BRADFORD**

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by
_____ Personally Known, _____ Identification Produced.

Notary Public-State of Florida

SEAL:

Designate location of all lateral arms and longitudinal stabilizing devices on the blocking plan.

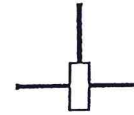
Blocking Plan

typical single wide blocking plan

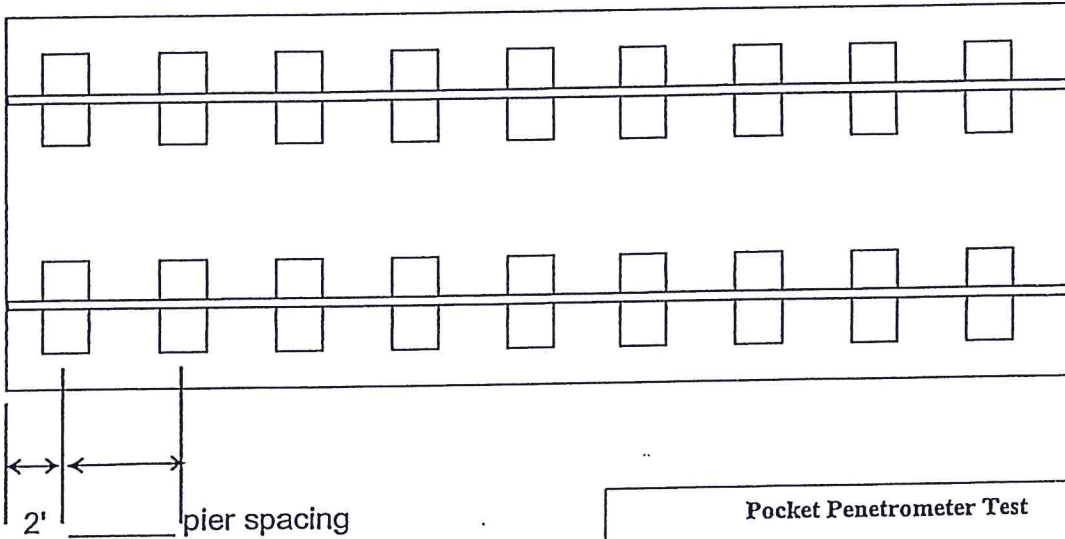
Manufacturer _____

Length x width _____

Lateral Arm



Longitudinal Stabilizing Devices



Pocket Penetrometer Test

Test the perimeter of the home at 6 locations.
Take the reading at the depth of the footer.
Using 500lb increments, take the lowest reading
and round down to that increment.

Pocket Penetrometer test results _____

Soil torque probe test results _____

Anchor Length _____

I-beam pier pad size _____

Perimeter pier pad size _____

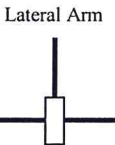
Other information

Designate location of all lateral arms and longitudinal stabilizing devices on the blocking plan.

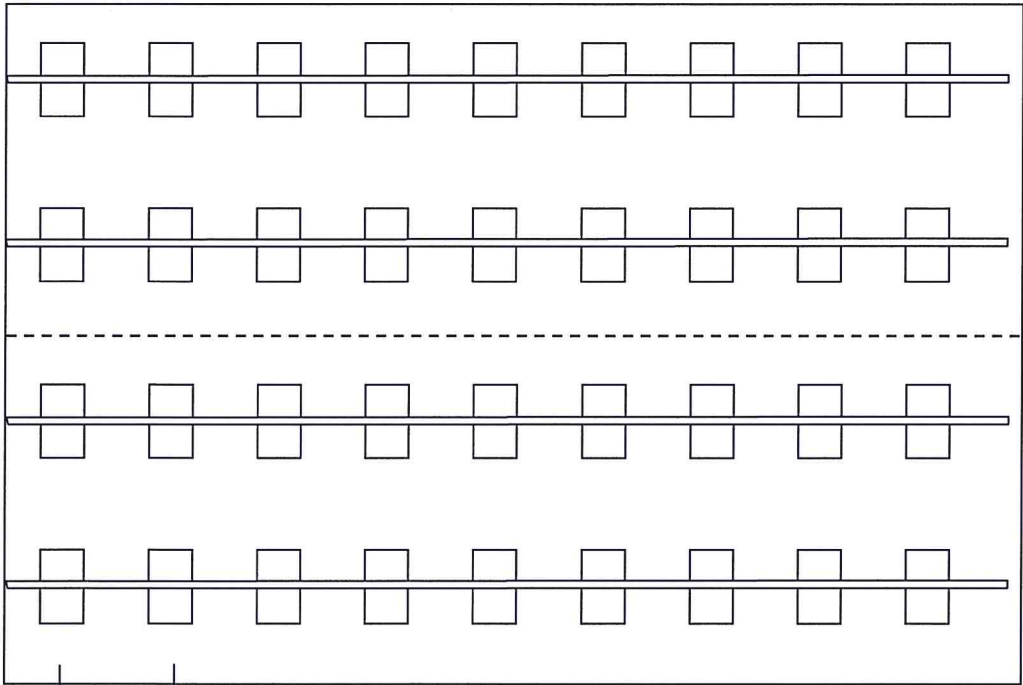
Blocking Plan

typical double wide blocking plan

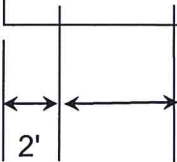
Length x width _____
Manufacturer _____



Longitudinal Stabilizing Devices



Marriage Wall
the location of
these piers will
vary with each
floor plan.



_____ pier spacing

Pocket Penetrometer Test

Test the perimeter of the home at 6 locations.
Take the reading at the depth of the footer.
Using 500lb increments, take the lowest reading
and round down to that increment.

Soil Bearing _____
Soil torque probe test results _____
Anchor Length _____
I-beam pier pad size _____
Perimeter pier pad size _____
Marriage wall pier pad sizes – outline pad locations on the centerline and show sizes below

Permit # _____

Applicant _____
Address _____

Name of Licensed Installer _____
License # _____
Installation Decal # _____

Manufacturer's Name _____ Wind Zone _____ New home ____ Used home ____
Number of Sections _____ Width _____ Length _____ Year _____ Serial # _____
Installation standard used: (check one) manufacturer's installation manual ____ Rule 15C-1 ____

Site/ E PREPARATION:

Site Graded and fill dirt compacted to 90% _____ - or - Page _____
Drain tile and sump pump to be installed _____ - or - Page _____
Describe any other site prep method to be used _____ Page _____
Organic material removed _____ Page _____
Site graded or prepared for adequate drainage _____ Page _____
A vapor barrier is required for new homes Page _____
I understand that a poorly prepared site can cause doors and windows to bind, mold
and mildew to form in the home. Installer's initials _____

FOUNDATION:

Load bearing soil capacity (psf) _____ or assumed 1000 psf _____ Page _____
Footing type: plastic pad _____, 16 x 16 concrete footer _____, poured footer _____ Page _____
I-beam piers: O/C spacing's _____ Foundation pad size _____ Page _____
Perimeter piers: locations _____ Page _____
Centerline pier locations _____ Page _____
Centerline piers: Number _____ Footer sizes _____ Page _____
Special pier blocking: fireplace, bay windows, tubs, shear walls, etc, Yes ____ No ____ Page _____

TIE-DOWNS:

Torque probe reading _____ Declared 5 ft. anchors _____ Page _____
I understand a torque probe test can only be performed by a licensed installer.
Installer's initials _____
Anchor type: 4 ft. _____ 5 ft. _____ Page _____
Number of frame ties: _____ Spacing _____ Angle of strap _____ degrees Page _____
Number of vertical ties: _____ Page _____
Number of centerline anchors _____
Longitudinal straps/anchors _____ or longitudinal stabilizing devices _____ Page _____
Manufacturer of longitudinal stabilizing devices _____ Page _____
Manufacturer of lateral arm systems (if used) _____ Page _____
A State approved lateral arm system is being used and the installer will follow both the
home's installation manual and the lateral arm manufacturer's installation instructions.
anchors are required at all centerline tie points where the torque test reading is 275 or
less and where the mobile home manufacturer may require anchors with 4000 lb holding
capacity. Installer's initials _____

CLOSE UP:

Gasket:

I understand a properly installed gasket is a requirement of all new and used homes and condensation, mold, mildew and buckled marriage walls can be a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Page _____

Installer's initials _____ Type gasket _____

Fasteners are required to secure multi-sections of homes together (roof, sidewalls, floor)

Fasteners:	Roofs	Type and size _____	Spacing _____	Page _____
	Endwalls	Type and size _____	Spacing _____	Page _____
	Floors	Type and size _____	Spacing _____	Page _____

Electrical:

Connect electrical conductors between sections of the home this includes the bonding wire. Installers are not allowed to connect electrical power to the home. Access panels are to be installed .

Page _____

Plumbing:

Using the manufacturer supplied drain line drawing connect all sewer drains to an existing, sewer tap or septic tank

Page _____

Connect the potable water supply to an existing water meter, water tap or other - independent water system. Access panels are to be installed.

Page _____

Weatherproofing:

Rule 15C-2 requires the complete weather sealing of the home.

Bottom board repair

Page _____

Vinyl siding

Page _____

Soffit and fascia

Page _____

Roof close up: Check the one that applies

Manufacturer's installation manual _____

Page _____

Rule 15C-1 _____ 30 gauge, 8" wide, galvanized metal strip centered over the peak and fasten with galv. roofing nails at 2" on center on both sides of the centerline.

Chimney:

Install extra length flue pipe, install and seal storm collar, chimney cap

Page _____

Home skirted:

Yes ____ No ____

Page _____

If skirted ventilation is required: (check one)

Page _____

1 square foot for every 150 square feet of home (with no vapor barrier) _____

1 square foot for every 300 sq. ft. of home (suggested with vapor barrier) _____

Ventilated skirting _____

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ON PROPERTY NOT OWNED BY THE MOBILE HOME OWNER, I.E., RENTAL
PROPERTY.**

TO: BRADFORD COUNTY BUILDING DEPARTMENT

DATE:

I, _____ do hereby authorize
(Property Owner's Name)

_____ to place the herein described mobile home on my property.
(Occupant's Name)

Parcel Number: _____ Sec. _____, Tsp. _____, Rng.

Description of Mobile Home: Make: _____ Model:

Year: _____ Size: _____ Serial Number: _____

I UNDERSTAND THAT I, AS PROPERTY OWNER, WILL BE HELD RESPONSIBLE FOR ANY INFRACTION TO THE
BRADFORD COUNTY LAND DEVELOPMENT REGULATIONS AS MAY OCCUR AS A RESULT OF THIS MOBILE
HOME BEING PLACED ON MY PROPERTY.

Property Owner's Signature

**STATE OF FLORIDA
COUNTY OF BRADFORD**

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by
_____ Personally Known, _____ Identification Produced.

Notary Public-State of Florida

SEAL:



BRADFORD COUNTY MOBILE HOME ELECTRICAL COMPLETION AFFIDAVIT

I, _____ affirm that the electrical service installed at
ELECTRICIANS NAME OR NAME OF DESIGNEE

_____ for _____
911/SITE ADDRESS OWNERS NAME

has been completed to the best of my knowledge in compliance with the standards set forth in the 2008 edition of the National Electric Code and Chapter 34 of the 2010 Florida Building Code Residential.

PRINTED NAME OF CONTRACTOR DATE CONTRACTOR SIGNATURE

CONTRACTOR STATE LICENSE # PERMIT # DATE OF COMPLETION

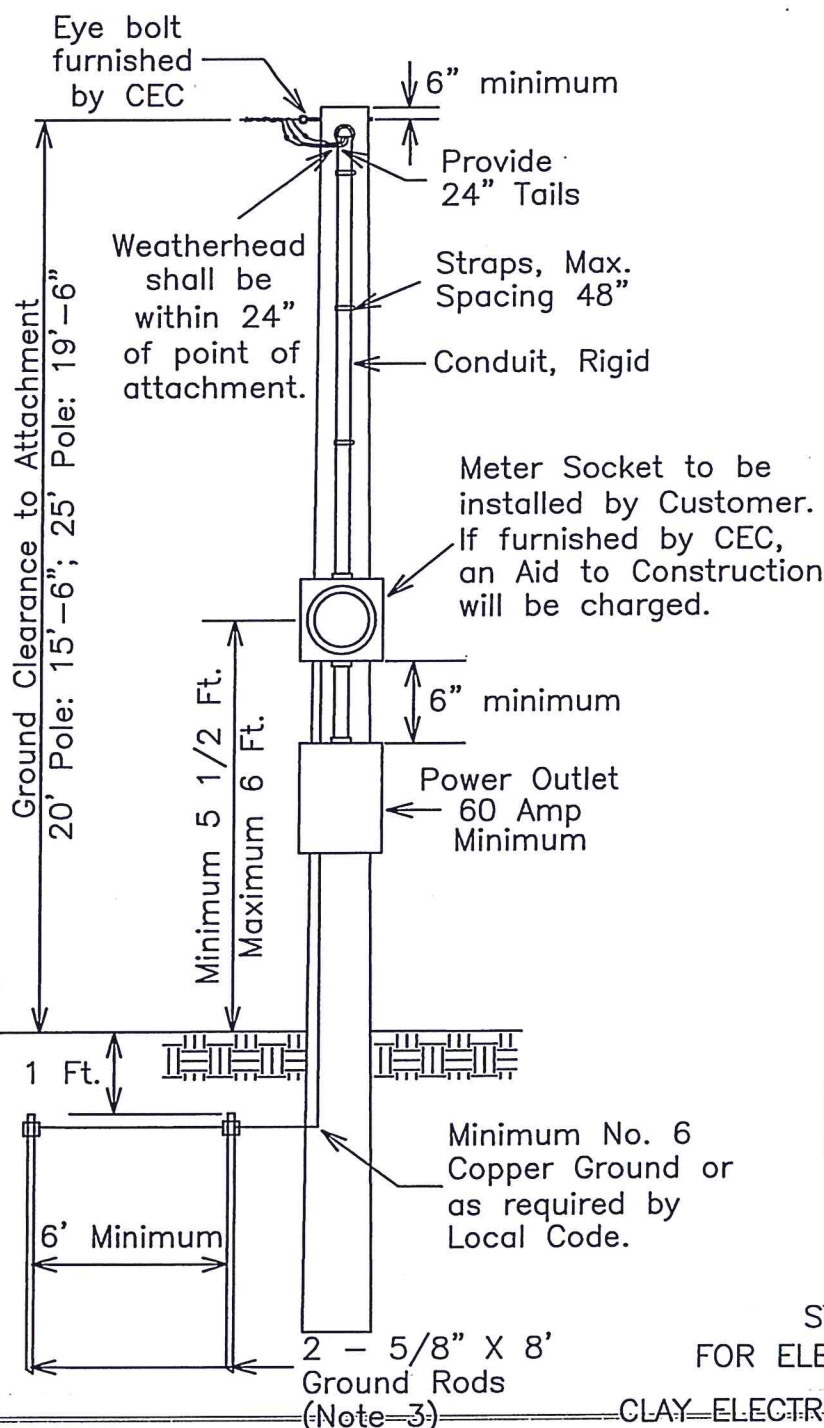
*****MUST BE COMPLETED BY THE ELECTRICIAN AND PLACED WITH THE PERMIT
BY THE FINAL INSPECTION.**

TYPICAL OVERHEAD TEMPORARY SERVICE

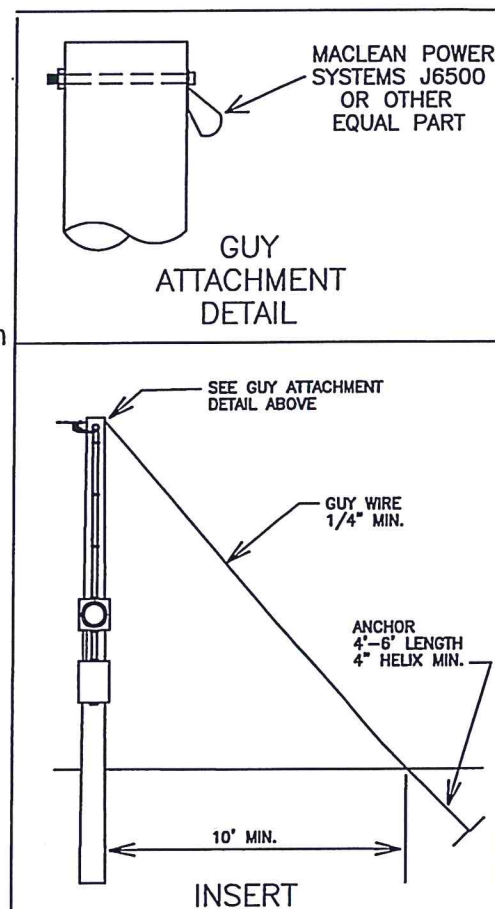
Notes:

1. Pole shall be approved pressure treated with a minimum top circumference of 15" and a minimum length of 20 feet or as required to obtain required ground clearance. Consult CEC District Engineering for pole length requirement.
Minimum Ground Clearance of service wire, including drip loop, over all driveways and other areas traversed by vehicles: 16'-0".
Minimum Ground Clearance of service wire, including drip loop, over areas for pedestrians only: 12'-0".
2. If service length is 50 feet or greater, guying is required. Refer to Insert detail.
3. One 5/8" x 8' ground rod may be used if the measured resistance to ground is 25 ohms or less.
4. Local codes that may exceed these requirements shall apply.
5. Satellite dishes, area lights and other customer owned attachments shall be a minimum of 12" below the service drip loop. Clearance shall be measured to the highest point of attached object. The most current National Electrical Safety Code (NESC) requirements shall apply.

Minimum Ground Clearance of Service Wire Including Drip Loop:
Pedestrian Only Area = 12'-0"
All Driveways and other areas traversed by vehicles = 16'-0"
Consult CEC District Engineering for pole length requirement.



Pole Setting Depth:
20' Pole - 4 Ft.
25' Pole - 5 Ft.



STANDARDS
FOR ELECTRIC SERVICE

CLAY ELECTRIC COOPERATIVE, INC.
KEYSTONE HEIGHTS, FLORIDA

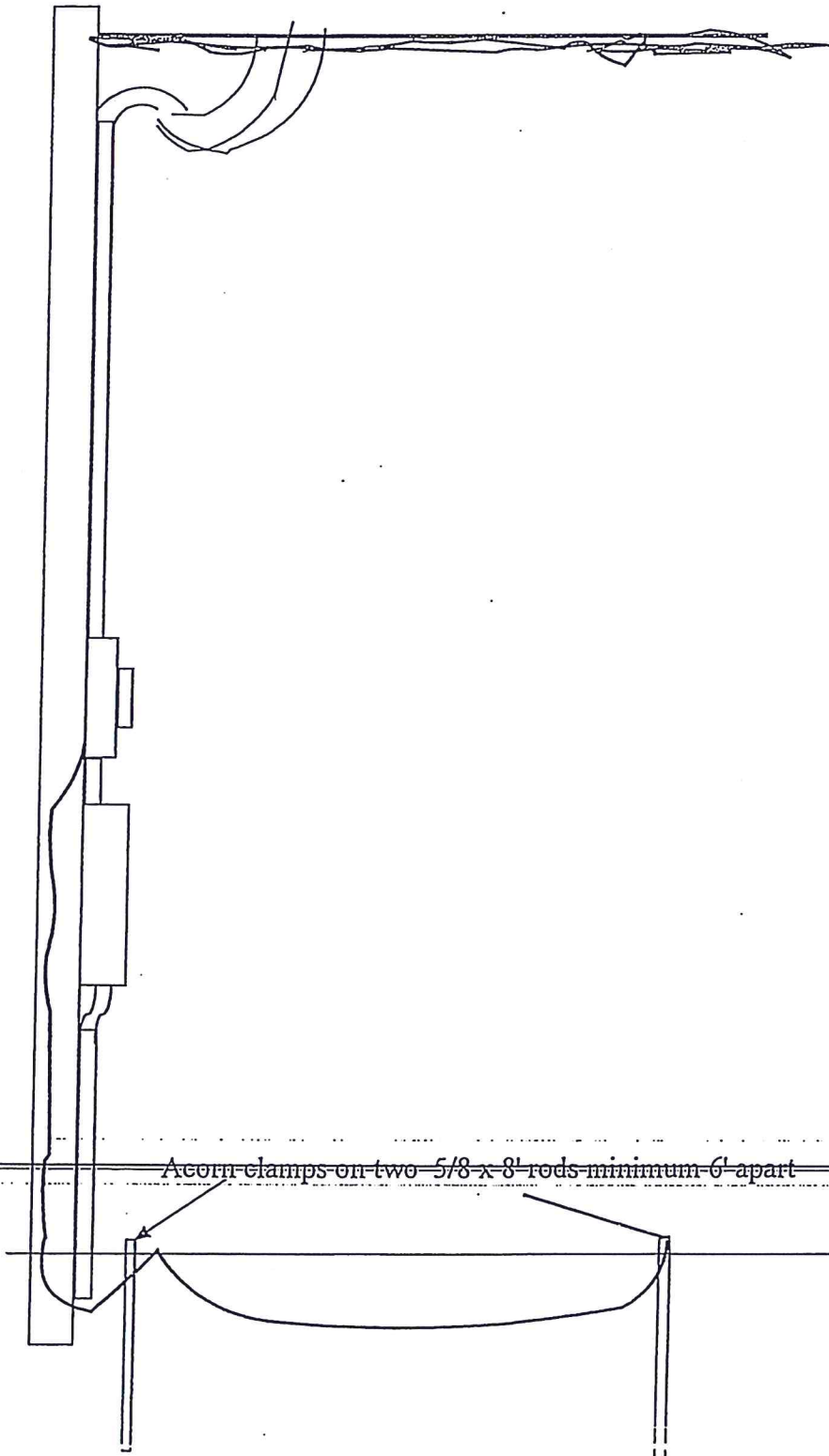
Service Conductors

200 amp services will be 4/0 aluminum or 2/0 copper with #6 or larger ground wire

150 amp services will be 2/0 aluminum or #1 copper with #6 or larger ground wire

100 amp services will be #2 aluminum or #4 copper with #6 or larger ground wire

60 amp temporary services will be # 6 copper with #8 or larger ground wire



NOTICE OF COMMENCEMENT

RETURN TO:

THIS INSTRUMENT PREPARED BY:

PROPERTY APPRAISER'S PARCEL ID NUMBER:

SPACE ABOVE THIS LINE FOR RECORDING DATA

STATE OF FLORIDA, COUNTY OF BRADFORD

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

PARCEL ID NUMBER

Street address of property:

Description of improvements:

Property Owner Name:

Property Owner s Address:

Owners Interest in property:

Fee Simple Title Holder Name:

Title Holder Address:

Contractor Name:

Contractor Mailing Address:

Surety Name:

Surety Mailing

Address: Lender Name:

Lender Mailing Address:

Person within the State of Florida designated by Owner upon which notices and other documents may be served as provided by Section 713.13 (1) (a) 7, Florida Statutes.

Name:

Address:

In addition to himself, the Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (a)7., Florida Statutes

Name:

Address:

Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording)

Signature of Owner

Printed Signature of Owner

APPLY NOTARY SEAL HERE

I have relied on the following identification of the Affiant:

Sworn to and subscribed before me this

day of 20

Notary Signature

Printed Notary Signature